

## **ATTACHMENT I – FISC DESCRIPTION AND INSTRUCTIONS**

### **FUNCTIONAL IMPROVEMENT SCALE (FISC) MEDICAL THERAPY PROGRAM CALIFORNIA CHILDREN’S SERVICES**

#### **INTRODUCTION:**

The goal of the California Children’s Services (CCS) Medical Therapy Program (MTP) is to assist each eligible child to reach his or her maximum physical function and independence. Each child is thoroughly evaluated at entry into the program to determine the type of impairment, severity, current functional skills, rehabilitation potential, and medical/surgical needs. Individual goals and objectives are established for each child based upon input from the family, therapists and physician.

The Medical Therapy Conference (MTC) team prescribes occupational therapy, physical therapy, braces, durable medical equipment that is medically necessary to meet the child’s individual goals. The goals and objectives are re-evaluated every 6-12 months to determine progress made and appropriateness of the medical therapy plan. Once the child has reached all of the functional goals that are reasonably possible, evaluation, monitoring and intermittent consultation are provided to ensure that the child maintains his or her skills and that new goals are established when appropriate. As needed, diagnostic tests, referral for specialized evaluation, medical and surgical intervention is recommended.

#### **DESCRIPTION:**

The FISC is a tool that identifies the child’s current functional ability and measures change over time in a standardized manner. The FISC has 27 functional skill items that are each scored based on the level of independence demonstrated by the child. The functional items are in three basic categories: general mobility skills, transfer skills, and activity of daily living (ADL) skills. These tasks represent most of the MTP programmatic goals.

There are 9 levels of independence for each functional skill. The definitions for each level of dependence are clearly defined and are consistent with the prevailing use of the terms in the field of medical rehabilitation.

- 0- dependent
- 1- maximal dependence
- 2- moderate dependence
- 3- minimal dependence
- 4- contact guard dependence
- 5- standby assistance
- 6- supervision dependence
- 7- modified independence
- 8- independent.

The functional tasks are clearly defined and have references to the age at which a typical child would be expected to perform the task independently. Each functional task is given equal mathematical value. Each upward step in independence is given a mathematical value of one. The independence number for each functional task is added to give a total functional skill number.

Each child will continue to have individual goals and objectives agreed upon by the family, therapists, and physician. The individual goals will change over time and are not standard for all children. The individual goals will represent the specific needs of the individual child while the FISC system will reflect progress toward Medical Therapy Program Goals.

#### INSTRUCTIONS:

Each of the 27 tasks is described in terms of set-up, response, and the developmental age when it is usually achieved.

To complete an evaluation each task must receive a number score. “Not tested” cannot be used. “Not applicable” receives a score of “0” or dependent.

Each task must be performed in an appropriate period of time. A child who can do 100% of the effort of the task at a speed that is too slow to be functional should be scored based on the amount of assistance (minimal, moderate, maximal) that is required to do the job at a reasonable speed.

The term “briefly” means at least 5 seconds when referring to a posture that is attained.

The child is scored based upon the level of independence **demonstrated**. The scoring can be based on several evaluations or therapy sessions if necessary. The independence scale is defined specifically.

Braces, splints, durable medical equipment, and adaptive devices may be used by the child in each of the tasks at **any** dependence level except “Independent.” The score of “independent” means that the child can also do the task in an appropriate amount of time without equipment. This is scored as “Independent” even though the child may be instructed to wear the brace or prosthetic device for all activities.

“Modified independent” is used to indicate the child must use a brace, prosthesis, assistive device, setup or a structured environment.

Three of the tasks (#9 curbs, #15 in and out of bathtub, and #26 bathing) involve issues of safety and judgment that go far beyond the physical task and the training received in the Medical Therapy Program. The ability to apply a physical skill in the home or community is learned when the child is developmentally ready and typically this occurs years after the physical ability has been achieved. For these three items a child can only be scored up to the level of “Supervision,” but not a level of “Modified Independent” or

“Independent,” regardless of parent’s report of the child’s independence. For a child to be allowed beyond supervision is the responsibility of the family.